DOCUMENT RESUME

ED 173 696 CG 013 601

TITLE	Task Force on Homosexuality. Final Report.
INSTITUTION	National Inst. of Mental Health (DHEW), Rockville, Md.
PUB DATE	10 Oct 69
NOTE	25p.
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*Clinics; Community Health; *Educational Programs; *Government Role; *Homosexuality; Legal Responsibility; Policy Formation; *Sex Discrimination; Sex Role; *Social Attitudes; Social Science Research

ABSTRACT

This final Task Force report recommends the coordination of NIMH activities in the broad area of sexual behavior through the establishment of a Center for the Study of Sexual Behavior. The activities proposed for the Center fall into two major areas: research, training and education, prevention, and treatment; and questions of social policy with respect to sexual behavior. The specific purpose of all these research efforts is to reduce the taboo against asking for help for sexual problems, and to formulate legal changes and changes in employment policies and practices. (PJC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED173696

CG.

FINAL REPORT OF THE TASK FORCE ON HOMOSEXUALITY
October 10, 1969

In September 1967, a Task Force on Homosexuality was appointed by Dr. Stanley F. Yolles, Director of the National Institute of Mental Health. This group consisted of outstanding behavioral, medical, social and legal scientists. Fifteen members were appointed to serve on the Task Force. One member, Judge David Bazelon, found it necessary because of the pressure of other commitments to resign prior to the completion of the group's deliberations. Each member has had extensive research and study experience in the areas of sexuality and sexual deviation. The mandate of the Task Force was to review carefully the current state of knowledge regarding homosexuality in its mental health aspects and to make recommendations for Institute programming in this area.

This, the final report and recommendations of the Task Force, recommends the coordination of NIMH activities in the broad area of sexual behavior through the establishment of a Center for the Study of Sexual Behavior. The activities proposed for the Center fall into two major areas, the first including the traditional activities of research, training and education, prevention, and treatment, while the second concerns questions of social policy with respect to sexual behavior.

CG013601 1

U.S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

The members of the Task Force were unanimous in their support of the recommendations made in the first category. Three members of the Task Force, Drs. Ford, Riecken and Wallace expressed reservations with respect to the recommendations on social policy. These members believe that there is a fundamental inconsistency between the first group of recommendations, with their emphasis on the present lack of reliable information and need for further research, and the second section proposing revision of social policy in the area. They maintain that consideration of social policy issues should be deferred until further scientific evidence is available and that only by this approach can scientific knowledge be effectively and validly applied to social policy decisions.

The other members of the Task Force endorse the recommendations in their entirety. While recognizing that there are many areas in which scientific knowledge is currently inadequate, these members feel that there is nonetheless sufficient evidence presently available to support a thorough review and possible alteration of at least some aspects of current social policy with regard to sexual behavior.

INTRODUCTION

Human sexuality encompasses a broad range of behavior within which lie both the exclusive heterosexual and the exclusive and confirmed homosexual. Between these two exclusive extremes, there are individuals in whom a heterosexual preference is predominant but who will, under certain circumstances (such as imprisonment) become involved in homosexual behavior,[1] and persons whose main erotic attraction is to members of their own sex but who will occasionally seek out heterosexual experiences. The internal and social forces motivating sexual behavior are likewise varied, and may range from strivings for warmth and closeness to the expression of anger and aggression. Homosexuality is not a unitary phenomenon, but rather represents a variety of phenomena which take in a wide spectrum of overt behaviors and psychological experiences. Homosexual individuals can be found in all walks of life, at all socioeconomic levels, among all cultural groups within American society, and in rural as well as urban areas. Contrary to the frequently held notion that all homosexuals are alike, they are in fact very heterogeneous.

Homosexual individuals vary widely in terms of their emotional and social adjustments. Some persons who engage in homosexual behavior function well in everyday life; others are severely maladjusted or disturbed in their functioning. There are those whose total life is dominated by homosexual impulses

and those whose sexual behavior is just one component in their total life experience.

There also is wide diversity among homosexual individuals in terms of their sense of responsibility. The individual who engages in sexual behavior only with another consenting adult in private must be viewed differently from the one whose sexual behavior is with children and adolescents or who otherwise violates public decency.

Homosexuality presents a major problem for our society largely because of the amount of injustice and suffering entailed in it not only for the homosexual but also for those concerned about him. Although estimates of the prevalence of homosexuality are only tentatively established, it is believed that there are currently at least three or four million adults in the United States who are predominantly homosexual and many more individuals in whose lives homosexual tendencies or behavior play a significant role.(2) Individual homosexuals suffer in being isolated from much of society and from the fact that they live in a culture in which homosexuality is considered maladaptive and opprobrious.(3) Their families suffer in feeling responsible and in adjusting to the problem. Society at large inevitably loses in a number of ways--loss of manpower, economic costs, human costs, etc. For these reasons (among others), efforts must be made at both the individual and social levels to deal with the problems associated with homosexuality.

RECOMMENDATIONS

The detailed recommendations which follow are subsumed under the more general recommendation for the establishment of an NIMH Center for the Study of Sexual Behavior. The functions of this Center would include involvement in programs concerned with:

1. Research
2. Training and Education
3. Prevention
4. Treatment
5. Social Policy

An NIMH Center for the Study of Sexual Behavior

It is the consensus of this Task Force that for the development of a meaningful program it is essential that the study of homosexuality be placed within the context of the study of the broad range of sexuality, both normal and deviant. It is therefore strongly recommended that there be established within NIMH a Center for the Study of Sexual Behavior. We urge that the program of the Center be comprehensive so as to include research, training, demonstration and services. It should be a multidisciplinary effort with representation from relevant disciplines and professions.

To effectively coordinate and expand present NIMH programs in this area, an independent and comprehensive center with adequate staff and funding will be required. Special efforts should be made to develop support for long-range, collaborative

and interdisciplinary programs throughout the nation. It is anticipated that such a center would give appropriate support to programs in centers of learning, and to individual scientists interested in problems of sexuality. Too often in the past, competent researchers and clinicians have failed to enter or have left this area because of the difficulties in obtaining support or because of the taboos associated with the field. An integral part of development in this field should be the provision of adequate training stipends and fellowships to individuals at a variety of levels of professional training.

Dissemination of current knowledge in the field would be a further function of the Center. This can be achieved through a variety of techniques, and should be directed to both professionals engaged in research and service and to the lay public. Comprehensive statements from an authoritative source within the government that would dispel myths and help to disseminate what is known could have a highly significant effect, both in terms of individual values and attitudes and in regard to social policy. Among prime targets toward which to direct information would be community mental health centers, inasmuch as they are appropriate agencies to disseminate educational materials to schools, civic groups, etc., and they can reach children and adolescents and their families at periods which are critical in psychosexual maturation. Work with other health, welfare, educational, legal and other organizations

(public and private) would also be essential. Under NIMH sponsorship, effective programs (such as workshops) could be launched which would serve to orient key personnel to effective means for dealing with the social and individual problems associated with sexual behavior and development.

In summary, some of the primary goals of the NIMH Center for Study of Sexual Behavior should be to develop knowledge, generate and disseminate information, mollify taboos and myths, provide rational bases for intervention, and provide data to policymakers for use in their efforts to frame rational social policy. Some of the specific recommendations to follow will be specific to sexual deviation, while others will relate to the general area of sexuality.

1. Research

We recommend that basic and applied research activities in the area of homosexuality be given high priority and that the following issues, here briefly outlined and presented roughly in order of priority, are most urgently in need of investigation:

(A) Taxonomy of homosexual experiences and behavior with special emphasis on the development of better sampling methods to cover the total range of homosexual phenomena. This range should include homosexual individuals who do not come into contact with medical, legal or other social control or treatment sources and who therefore have been least studied.

(B) Incidence and epidemiology of homosexual experience and behavior. Present estimates are based on data which are inadequate and out of date.(4) Because it is widely believed that the incidence of homosexuality is related to sociocultural factors, samplings should include studies of demographically differentiated sub-groups, such as a range of ethnic and income groups.(5)

(C) Review of the procedures employed by various control agencies (police, courts, probation officers, etc.) in dealing with homosexual individuals.(6) Laws and regulations against homosexual behavior are the major official means by which society attempts to control it. We know relatively little about their actual operation or effects. There is evidence to indicate that entrapment is not uncommon, that existing laws are selectively enforced and that serious injustice often results. The possible abridgement of civil rights in cases involving homosexuality should be reviewed. These processes should be studied to estimate their effectiveness in decreasing overt manifestations of homosexuality, as well as their direct and indirect effects on homosexuals and on society.

(D) Research on the job history and occupational performance of homosexuals, especially of non-patient

populations. The effects of homosexuality on working relationships with fellow employees should also be evaluated. In addition, the impact of discriminatory employment practices on the occupational aspirations and achievement of homosexuals should be investigated.

(E) Studies of cultural factors in homosexuality in the United States. Investigations are needed of the institutionalized system of values and patterns of behavior concerning sex and the relation of these values to social and economic factors. The effects of the portrayal of homosexual behavior, attitudes and values in literature and drama, and the public's responses to such portrayal are in need of study. The taboo on homosexuality has a variety of functions linking it not only with values concerning heterosexual behavior, but also with other aspects of the social system, and these functions may directly include both the maintenance of a certain level of homosexuality and of the social arrangements of homosexuals.(7)

(F) Investigation of informational and attitudinal patterns that provide the social climate within which homosexuality develops and exists. This should include studies of social mores and value systems, communication media, and attitudes of various agencies of social influence and control, including peer groups, parents,

judges, probation officers, clergy, medical doctors and police.

(G) Cross-cultural studies to clarify the significance of family structure, role differentiation, child training, economic organization, values, religion, and ideology in relation to sex and sexual deviation. These should also include studies across different cultures as well as among different segments of society in terms of social class, ethnicity, age, education, etc.(8)

(H) Comparative studies of male and female homosexuality in relation to all of the problems cited above. That so few studies of female homosexuals have been carried out is of concern because this is a significant population in terms of numbers alone and one which merits better understanding. In addition, the striking differences in societal attitudes toward male and female homosexuals must inevitably result in different adaptational patterns that ought to be studied.

(I) Studies of homosexual social organizations including the networks of one-to-one relationships and clique structures, as well as collective patterns within formal and informal social organizations. These relationships and groups play an important role in the adult socialization of homosexuals and in shaping and

influencing homosexual careers and life patterns.(9)

(J) Studies of family dynamics and complications. Special emphasis should be placed on some of the least studied aspects of the problem, especially non-patient populations, the bisexual spouse, the effects on the family of having a homosexual member, etc.(10)

(K) Biologic and genetic factors possibly related to the development of sexual behavior are seriously in need of further research. Although animal studies in this area show promise, the study of larger samples and more careful attention to research design is required to obtain meaningful answers at the human level.

(L) Studies of personality factors in homosexuality focusing on intrapsychic elements, and personality dimensions that characterize homosexual, in contrast to non-homosexual individuals.

(M) Problems of etiology and determinants of homosexuality must be an ultimate concern. Present evidence is inconclusive, although it does suggest that homosexuality has multiple etiologic roots.(11) Progress in this complex area will depend in large part on the results of studies outlined in the sections above.(12)

2. Training and Education

We recommend that education and training programs be provided in the following areas, with all approaches being of great immediate importance.

(A) Training of mental health professionals in the area of human sexuality. Such training is currently woefully inadequate, with poor transmission of currently available information and frequent fragmentation of training efforts. The NIMH Center should play a major role in supporting curriculum development and in the training of expert teachers in this area. In addition, special in-service training for those already in service positions should be made available. Pre- and post-doctoral training stipends and fellowships relating to the field of human sexuality should be made available in order to attract competent workers to the field.

(B) Broader programs in sex education. Information about homosexuality should be included in such programs in the schools as well as for the public at large. Efforts should also be made to educate the general public because among many segments of the population homosexuality remains a taboo topic and an area in which much misinformation abounds. As such, it can create pervasive anxieties as well as

condemnatory and punitive attitudes which could be prevented or alleviated if valid information about homosexuality were disseminated.

(C) Special training for all law enforcement personnel who come in contact with homosexual issues or problems, and for guidance and caretaking personnel. Target groups for such training should include teachers, ministers, lawyers, health educators, and youth group counselors. Homosexuality is often viewed with either disgust or anxiety, emotions which interfere with an objective understanding of the problem. Special efforts should be made to modify these attitudes. Educational programs should both give information and replace judgmental and condemnatory attitudes with more objective attitudes. Training programs may be implemented through workshops, symposia and public discussion and through distribution of appropriate informational materials.

(D) Collection and dissemination of information on sexuality. A "clearinghouse for sex information" should be established within the National Clearinghouse for Mental Health Information to make available knowledge now widely scattered in many professional areas and journals.

3. Prevention

For most workers in the field, the prevention of the development of a homosexual orientation in an individual child or adolescent is seen as one of the most important goals. In light of this, intensive effort should be made to understand better the factors involved in effective primary prevention. It is obvious that research in a number of the areas described above, including parental relationships, childhood peer activities, endocrine, genetic and biological elements, effects of early trauma, the role of social class mores, and developmental crises, will have a direct bearing on the design of preventive programs.

4. Treatment

The NIMH Center would be concerned with the dissemination of information relating to various aspects of the treatment process. At the outset it is important to distinguish between an individual's "homosexuality" and his overall level of functioning and discomfort.

In general, the goal of treatment for homosexual patients as for others must be the decrease of discomfort and increase in productive functioning.

(A) Expansions of efforts to develop new therapies and to improve the efficiency of current therapeutic procedures (relating both directly to change in sexual orientation and to adaptation in general) which are often very time-consuming and limited in their effectiveness.

(B) Support of <u>treatment centers</u> (for example, community mental health centers and student health centers) in order to enable them to render service to a greater number of persons with homosexual problems and their families. With respect to change in homosexual orientation, the current literature suggests that perhaps one-fifth of those exclusively homosexual individuals who present themselves for treatment are enabled to achieve some heterosexual interests and competence if they are motivated to do so; that a much higher percentage (perhaps 50%) of predominantly homosexual persons having some heterosexual orientation and who present themselves for treatment can be helped to become predominantly heterosexual; but that in court-referred or parent-referred cases where motivation to change is often lacking and cannot be engendered, treatment is much less successful.(13)

While it cannot be assumed that a large proportion of homosexuals will go into treatment (or will have the facilities available should they wish treatment), the Task Force endorses efforts directed toward the treatment for some individuals, especially adolescents and bisexuals. We consider it important to counteract the sense of hopelessness and inevitability prevalent among many homosexuals, and to

improve the insufficiency of treatment facilities. We hope and expect that as treatment methods improve and expand, more and more persons will seek treatment voluntarily. For those whose behavior is presently held to require the application of legal sanctions, the Task Force urges that preference be given to rehabilitation, rather than imprisonment.

One specific purpose of all these efforts would be to help reduce the taboo against asking for help for sexual problems. Anxiety produced by this taboo now discourages many individuals from seeking help and frequently prevents mental health professionals from giving effective help.

A point which needs continual re-emphasis is the need for careful evaluation of all therapeutic programs. It is essential from both practical and scientific points of view to have studies of validity and effectiveness an integral part of these programs from their very beginning.

5. Social Policy

Although recommendations relating to social policies are not the primary focus of the activities of NIMH, nonetheless much of the Institute's function in many areas serves to provide support for researches and analyses which in themselves will be of use to policy-makers in the framing of rational and

socially beneficial measures.

Much of the homosexuality research that is needed relates directly to issues of public policy and for this reason we urge that policy-related research be an important component of the Center's work. Some of the areas of investigation mentioned above (under Research) -- particularly taxonomy, incidence and epidemiology, informational and attitudinal patterns, processes used by various control agencies, and job histories and occupational performances of homosexuals -- are especially pertinent from this standpoint.

Systematic studies in these areas will fill many of the gaps in our present knowledge of homosexuality and may well prove to have a direct bearing on the future formulation of specific public policy measures. Meanwhile, however, public policies are in force and the majority of this Task Force considers that it would be remiss if it did not express its serious misgivings about certain policy measures currently employed with respect to homosexual behavior. We believe that most professionals working in this area -- on the basis of their collective research and clinical experience and the present overall knowledge of the subject -- are strongly convinced that the extreme opprobrium that our society has attached to homosexual behavior, by way of criminal statutes and restrictive employment practices, has done more social harm than good and goes beyond what is necessary for the maintenance of public order and human decency. Accordingly, these recommendations

are offered with the full awareness that findings from further research must provide a more firm basis for continuing critical re-evaluation of policy measures in this area.

Changes in social policy can be discussed under two headings, namely <u>legal changes</u> and <u>changes in employment policies and practices</u>.

(A) <u>Legal changes</u>. Although many people continue to regard homosexual activities with repugnance, there is evidence that public attitudes are changing. Discreet homosexuality, together with many other aspects of human sexual behavior, is being recognized more and more as the private business of the individual rather than a subject for public regulation through statute. Many homosexuals are good citizens, holding regular jobs and leading productive lives. The existence of legal penalties relating to homosexual acts means that the mental health problems of homosexuals are exacerbated by the need for concealment and the emotional stresses arising from this need and from the opprobrium of being in violation of the law. On the other hand, there is no evidence suggesting that legal penalties are effective in preventing or reducing the incidence of homosexual acts in private between consenting adults. In the United States such persons are so seldom brought to trial that to all intents and purposes

such laws are dead letters, and their repeal would merely officially confirm a situation that already exists. It should be emphasized that the repeal of such laws would in no way affect existing legal sanctions against sexual behavior which violates public decency or involves the seduction of minors, whether such behavior be homosexual or heterosexual. A number of eminent bodies--the British Wolfenden Commission, the Ninth International Congress on Criminal Law, and the American Law Institute in its Model Penal Code have all recommended, after extensive studies, that statutes covering sexual acts be recast in such a way as to remove legal penalties against acts in private among consenting adults. A majority of this Task Force accepts and concurs with this recommendation and urges that the NIMH support ongoing studies of the legal and societal implications of such a change with respect to both homosexual and heterosexual behavior.

We believe that such a change would reduce the emotional stresses upon the parties involved and thereby contribute to an improvement in their mental health. Furthermore, such a change in the law would also encourage revisions in certain governmental regulations which now make homosexual acts a bar to employment or a cause for dismissal. By helping thereby to remove a source of anxiety over being discovered, this

would make an indirect contribution to the mental health of the homosexual population. It would also serve to reduce the possibilities for blackmail, which are a constant hazard to the homosexual under present conditions.(14) To be sure, full equality in employment, full security and full acceptance by the society for homosexuals will not be achieved by changes in the law alone, but such changes may help to facilitate the recasting of public attitudes that are ultimately needed.

(B) Employment Policies and Practices. It is recommended that there be a reassessment of current employment practices and policy relating to the employment of homosexual individuals with a view toward making needed changes. Discrimination in employment can lead to economic disenfranchisement, thus engendering anxiety and frustrating legitimate achievement motivation.(15)

Present employment policies generally deal with the homosexual individual as if homosexuality were a specific and homogeneous category of behavior, and tends to ignore the wide range of variation that exists.(16) We recognize that some homosexuals, like some heterosexuals, may be unsuitable employees in some situations because they do not exercise reasonable control over their sexual tendencies or activities.

Second, in highly sensitive positions, the possibility that a homosexual may be subject to blackmail or undue influence may affect the suitability of a homosexual individual for such employment, although changes in our present laws concerning homosexuality may ultimately eliminate this.

CONCLUSION

In conclusion, we wish to stress once more the fact that the mental health implications related to healthy and aberrant sexual behavior are enormous. Many people believe that we are currently undergoing a revolution in sexual mores and behaviors. The interest on the part of NIMH in the study of sexual behavior is both timely and in the best tradition of its basic concern with improving the mental health of the nation.

* * *

References: (except as noted, references are to background working papers prepared by members of the Task Force. The titles of these working papers are given in the Appendix).

1. Schur, Edwin M., Ph.D., pp. 21-22.
2. Gebhard, Paul, Ph.D., pp. 19-21.
3. Schur, Edwin M., Ph.D., pp. 27-31.
4. Gebhard, Paul, Ph.D., p. 22.
5. Schur, Edwin M., Ph.D., p. 6.
6. Schur, Edwin M., Ph.D., pp. 31-34.
7. Schur, Edwin M., Ph.D., pp. 4-5, 8-16, 25-28.
8. Schur, Edwin M., Ph.D., pp. 8-16.
9. Schur, Edwin M., Ph.D., p. 34.
10. Schur, Edwin M., Ph.D., pp. 16-21.

11. Money, John, Ph.D., p. 23, pp. 30-33, pp. 41-42.

12. Schur, Edwin M., Ph.D., pp. 8-16.

13. Frank, Jerome D., M.D., pp. 7-9.

14. From recent and unpublished survey data, Gebhard reports that 11% of his study sample had been subjected to blackmail.

15. Gebhard found that 16% of his sample had had employment difficulties attributable to attitudes toward their homosexuality, including 9% who had lost jobs on these grounds.

16. The military services make considerable effort to exclude homosexuals from their ranks, yet Gebhard found that 47% of his sample had military records, and of these 75% had received honorable discharges.

APPENDIX

Background Papers:
The background papers prepared by members of the Task Force are currently being edited for publication. They will be available for distribution as soon as this is completed.

1. Frank, Jerome: Treatment of Homosexuals.

2. Gebhard, Paul: Incidence of Overt Homosexuality in the United States and Western Europe.

3. Hooker, Evelyn: Homosexuality.

4. Katz, Robert: Church Attitudes, History and Laws.

5. Marmor, Judd: Notes on Some Psychodynamic Aspects of Homosexuality.

6. Money, John: Sexual Dimorphism and Homosexual Gender Identity.

7. Schur, Edwin: Sociocultural Factors in Homosexual Behavior.

Members of Task Force:

Evelyn Hooker, Ph.D., Chairman
Research Psychologist
University of California, Los Angeles

Judd Marmor, M.D.
Director, Divisions of Psychiatry
Cedars-Sinai Medical Center, Los Angeles

Edward Bauer, M.D.
Professor of Psychiatry
St. Louis University

*The Honorable David L. Bazelon
Chief Judge
United States Court of Appeals, Washington, D.C.

Clelland Ford, Ph.D.
Professor of Anthropology
Yale University

Jerome D. Frank, M.D.
Professor of Psychiatry
Johns Hopkins University School of Medicine

Paul Gebhard, Ph.D.
Director, Institute for Sex Research, Inc.
Indiana University

Seward Hiltner, Ph.D., D.D.
Professor of Theology and Personality
Princeton Theological Seminary

Robert Katz, Ph.D.
Chairman, Department of Human Relations
Hebrew Union College

John Money, Ph.D.
Associate Professor of Medical Psychology and Pediatrics
Johns Hopkins University School of Medicine

The Honorable Morris Ploscowe
Adjunct Professor of Law
New York University School of Law

Henry W. Riecken, Ph.D.
President
Social Science Research Council

Edwin M. Schur, Ph.D., LL.B.
Professor of Sociology
Tufts University

Anthony F. C. Wallace, Ph.D.
Professor of Anthropology
University of Pennsylvania

Stanton Wheeler, Ph.D.
Vice-President
Russell Sage Foundation

*Resigned, June 3, 1969.

NIMH Staff:

Richard M. Sallick, M.D.
Deputy Director
Division of Special Mental Health Programs
(until June 30, 1968)

John E. Adams, M.D.
Special Assistant to the Director
(July 1, 1968 - present)

Jack Wiener
Assistant Chief, Center for Studies of Mental Health
and Social Problems